

MISSOURI DEATH CERTIFICATE OF CAUSE									
<div> <div>318</div> <div>1003</div> <div>1809-61-006269</div> <div>STATE FILE NUMBER</div> </div>									
<div> <div>AMENDED</div> <div>FILED VS MAR 7 1961</div> <div>Registration District No.</div> <div>Primary Registration District No.</div> <div>Registrar's No.</div> </div>									
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY					a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only)				Length of stay in 1b	c. CITY OR TOWN			Inside Limits	
St. Louis					St. Louis			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits, Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS			Side on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
St. Louis-Little Rock Hospital Inc.					St. Louis-Little Rock Hosp 1755 S. Grand Blvd.				
3. NAME OF DECEASED (Type or print)					4. DATE OF DEATH		5. AGE (last birthday)		
First Middle Last Jorge Antonio Hernandez Aguirre					February 20 1961		33		
6. SEX		7. COLOR OR RACE		8. DATE OF BIRTH		9. AGE (last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Male		White		9-17-1927		33		Physician & Surgeon	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Mantanzas, Cuba		Cuba		Antonio Hernandez		Juana Rosa Aguirre		None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)					17. INFORMANT Address				
No					Agustia K. Aguirre, 3174 Crescent Astoria, O., 6114				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a) <i>Acute Massive Pulmonary Embolism</i>									
DUE TO (b) <i>Left Renal calcification</i>									
DUE TO (c) <i>602x</i>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Feb. 8, 1961 to Feb. 20, 1961 and last saw her alive on Feb. 20, 1961									
Death occurred at 9:30 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title)					22b. ADDRESS			22c. DATE SIGNED	
<i>Albert H. Hoppe M.D.</i>					1755 S. Grand Blvd.			2-21-61	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Removal		2-23-61				Mantanzas, Cuba.			
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
Albert H. Hoppe, Inc., 4700 Washington Blvd.				FEB 23 1961		<i>Earl Smith M.D.</i>			

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

1981-08-08

Signed

*John J. Haines*

Licensed Embalmer No.

4108

P. O. Address

*St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.